

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER N/A		PAGE 1 OF 10		
2. CONTRACT NO. SP0200-05-D-0922		3. AWARD/EFFECTIVE DATE 25 January 2005		4. ORDER NUMBER		5. SOLICITATION NUMBER SP0200-04-R-1606		
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Stephen M. Lewis -Contract Specialist			b. TELEPHONE NUMBER (No collect calls) 215-737-5649		8. OFFER DUE DATE/ LOCAL TIME 29 April 2004	
9. ISSUED BY U. S. DEPARTMENT OF DEFENSE DEFENSE LOGISTICS AGENCY DEFENSE SUPPLY CENTER PHILADELPHIA 700 ROBBINS AVENUE PHILADELPHIA, PA 19111				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED & PARTIALLY <input type="checkbox"/> SET ASIDE <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS SIZE/STANDARD :		11. DELIVERY FOR FOB DESTINATION UNLESS BOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		
						12. DISCOUNT TERMS Net 15 Days		
						<input checked="" type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		
						13b. RATING DO-C9		
14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP								
15. DELIVER TO AS CITED ON INDIVIDUAL DELIVERY ORDERS				16. ADMINISTERED BY SAME AS BLOCK 9				
17a. CONTRACTOR/OFFEROR CODE 1UNB0 FACILITY <input type="text"/> DMS Pharmaceutical Group, Inc. Code 810 Busse Highway Park Ridge, IL 60068-2302 TELEPHONE NO. 847-518-1100 X226				18A. PAYMENT WILL BE MADE BY CODE SCO200 DFAS-COLUMBUS CENTER ATTN: DFAS-CO-SEM P.O. BOX 182317 COLUMBUS, OHIO 43218-6249				
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18A UNLESS BLOCK BELOW IS CHECKED <input checked="" type="checkbox"/> Electronic invoices are to be submitted.				
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	
	SECONDARY PHARMACEUTICAL SUPPLIER FOR DESIGNATED PROVIDERS REGION SEE ATTACHED SHEETS <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>							
25. ACCOUNTING/APPROPRIATION DATA MG 97X4930 5CM0.01 26.0 S33150						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$ 1,775,000.00 (EST)		
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED								
<input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.					<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ Your _____ OFFER DATED <u>December 2, 2004</u> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: See Attached			
30a SIGNATURE OF OFFEROR/CONTRACTOR					31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b NAME AND TITLE OF SIGNER (TYPE OR PRINT)			30c DATE SIGNED	31b NAME OF CONTRACTING OFFICER (TYPE OR PRINT)		31c DATE SIGNED		
				AGNES REITANO				

Line Item No.	Schedule of Supplies/Services Time Period	Distribution Fee/Charge
	Secondary Prime Vendor of Pharmaceutical products for Designated Providers (See facilities attached)	
0017SA	Normal Day to Day Requirements Base Ordering Period April 1, 2005 to September 30, 2007	+.50%
0017SB	Designated Providers Option Period 1 October 1, 2007 to March 31, 2010	+.50%
0017SC	Designated Providers Option Period 2 April 1, 2010 to September 30, 2012	+.50%
0017SD	Designated Providers Option Period 3 September 1, 2012 to March 31, 2015	+.50%

CONTRACT PERIOD: By issuance of this contract, line item numbers #00017SA is hereby awarded to DMS Pharmaceutical Group, Inc... Based on the preceding, the contractor is to proceed with performance on line item #00017SA covering the initial ordering period of April 1, 2005 thru September 30, 2007.

DELIVERY ORDER LIMITATIONS:

Minimum Order: \$50.00

Maximum Order: \$100,000 per item or \$500,000 per combination of items or series of orders from the same ordering activity within 7 days that exceed the preceding maximums.

Note: Notwithstanding the above, the contractor can, if it chooses, accept and deliver any order which is less than the minimum or more than the maximum order limitations cited above.

Basic Contract Administration: Overall administration of the contract remains the responsibility of the Defense Supply Center Philadelphia, DSCP-MGBA.

CONTRACTOR'S ELECTRONIC CATALOG PRICES: In accordance with the statement of work, the price cited in the contractor's electronic price and product catalog shall be the delivered price for each product. The delivered price for the normal day-to-day requirements shall be computed as follows:

- (i) the price of the product itself, as published on a DSCP-Medical DAPA or a IDTC issued by DSCP-Medical or the DVA, plus
- (ii) the contractor's applicable distribution fee, plus
- (iii) DSCP Medical's Cost Recovery Rate.

Example:

Product Price	\$100.00	
Distribution Fee (-3.63%)	-	<u>3.63</u>
Subtotal	\$ 96.37	
DSCP Fiscal Year 2001 Cost Recovery Rate (1.7%)		<u>1.64</u>
Delivered Price	\$ 98.01	

The DSCP Cost Recovery Rate (CRR) is applied to the Subtotal, which consists of the Product Price and the contractor's Distribution Fee. The DSCP CRR shall be subject to change, normally on 1 October of each year the contract is in effect. The contracting officer will advise the contractor in writing of any change in the DSCP CRR. The current DSCP CRR rate of 1.7% was effective 01 October 2004.

The Government reserves the right at any time to add or delete any ordering/receiving activity within this Region.

For this contract, contractor will use its distribution centers located at:
DMS Pharmaceutical Group, Inc.

City	State
Park Ridge	IL

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

Portland, ME – Martin's Point Healthcare

Contract # SP0200-05-D-0922

Call #'s - A001 - A899

Manual Call #'s A900 - A999

Ordering Point	Delivery Point
Martin's Point Health Care Portland Pharmacy 311 Veranda Street Portland, ME 04103 DODAAC: HPH010	Same as Ordering Point
331 Veranda Street Portland, ME 04103 DODAAC: HPH010	Same as Ordering Point
Martin's Point Health Care Portsmouth Pharmacy 161 Corporate Drive Please International Trade Port Portsmouth, NH 03801 DODAAC: HPH011	Same as Ordering Point
<p align="center"> Point of Contacts Mike Takach or Kristy Phone: 207-791-3741 Fax: 207-828-2494 Email: miket@martinspoint.org Kristyd@martinspoint.org Delivery Time 5 Days a Week (Mon-Fri) Between 9:00 AM & 11:30 AM </p>	

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

John Hopkins Medical Service Corp Baltimore, MD – Uniformed Services Family Health Plan (USFHP) Contract # SP0200-05-D-0922 Call #'s - B001-B899 Manual Call #'s B900 – B999	
Ordering Point	Delivery Point
USFHP, John Hopkins Medical Service Corp. Wyman Park Medical Center Building #1, Room G-42G 3100 Wyman Park Drive Baltimore, MD 21211-2895 DODAAC: HPH008	Same as Ordering Point
<u>Point of Contact</u> Denise Wheeler Phone: 410-338-3300 Fax: 410-338-3046 <u>Delivery Time</u> 5 Days a Week (Mon-Fri) Before 3:00 P.M	

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

(Additional ordering facility omitted in original solicitation – Added via Amendment 0002)

Bayley Seton Hospital Contract # SP0200-05-D-0922 Call #'s - C001 - C899 Manual Call #'s C900 - C999	
Ordering Point	Delivery Point
Bayley Seton Hospital Outpatient Pharmacy c/o Maxor Pharmacy 75 Vanderbilt Avenue Staten Island, NY 10304 DODAAC: HPH009 HIN #5F1P8EW00	Bayley Seton Hospital Outpatient Pharmacy c/o Maxor Pharmacy 75 Vanderbilt Avenue Staten Island, NY 10304
Point of Contact Karen Swindul Phone: 281-480-1225 Fax: 281-480-4992 Email: kswindull@maxor.com	

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

Texas - Uniformed Services Family Health Plan (USFHP)

Contract # SP0200-05-D-0922

Call #'s - D001 – D899

Manual Call #'s D900 – D999

Ordering Point	Delivery Point
St. John's Hosptial 2050 Space Park Drive Nassau Bay, TX 77058-3697 DODAAC HPH001	St. John's Hospital 2050 Space Park Drive Nassau Bay, TX 77058-3697
Maxor Pharmacy 1046B Hercules Ave. Houston, TX 77058 HIN # LL5VPMH00 DODAAC HPH001	Maxor Pharmacy 1046B Hercules Ave. Houston, TX 77058
St. John's Hospital is ordering using the DEA of Maxor Pharmacy. In order to be in compliance with DEA requirements that pharmaceuticals be receipted at address on record for DEA Reg No. under which order was placed, orders for St. John's Hospital are ordered and received at the above and the following locations:	
<p align="center"> Contract # SP0200-05-D-0922 Call #'s - E001 – E899 Manual Call #'s E900 – E999 </p>	
Ordering Point	Delivery Point
Maxor Mail Order Pharmacy 216 S. Polk St. Amarillo, TX 79101 HIN # D5MLK3C00 DODAAC HPH001	Maxor Mail Order Pharmacy 216 S. Polk St. Amarillo, TX 79101

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

Texas - Uniformed Services Family Health Plan (USFHP)

Contract # SP0200-05-D-0922

Call #'s - F001 - F899

Manual Call #'s F900 - F999

Ordering Point	Delivery Point
St. Joseph's Hospital 1919 La Branch Houston, TX 77002-8321 DODAAC HPH002	St. Joseph's Hospital 1919 La Branch Houston, TX 77002-8321
St Joseph's Hospital is ordering using the DEA of Maxor Pharmacy. In order to be in compliance with DEA requirements that pharmaceuticals be receipted at address on record for DEA Reg No. under which order was placed, orders for St. John's Hospital are ordered and received at the following location:	
MAXOR PHARMACY 1315 ST. JOSEPH'S PARKWAY, SUITE 100 HOUSTON, TX 77002-8321 <u>HIN #PZU5MS100</u>	

Texas - Uniformed Services Family Health Plan (USFHP)

Contract # SP0200-05-D-0922

Call #'s - G001 - G899

Manual Call #'s G900 - G999

Ordering Point	Delivery Point
St. Mary's Hospital 3600 Gates Blvd. Port Arthur, TX 77642-3858 DODAAC HPH003	St. Mary's Hospital 3600 Gates Blvd. Port Arthur, TX 77642-3858
St. Mary's Hospital is ordering using the DEA of Maxor Pharmacy. In order to be in compliance with DEA requirements that pharmaceuticals be receipted at address on record for DEA Reg No. under which order was placed, orders for St. John's Hospital are ordered and received at the following location:	
MAXOR PHARMACY 3701 Highway 73 PORT ARTHUR, TX 77550-5298 <u>HIN #6JFFB6000</u>	

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

Seattle, WA – Uniformed Services Family Health Plan (USFHP)

Contract # SP0200-05-D-0922

Call #'s - H001 – H899

Manual Call #'s H900 – H999

Delivery Point	Ordering Point
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101 POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Beacon Hill 1200 12th Avenue South Seattle, WA 98144 HIN: 4H2AAGN00* DODAAC: HPH006 Phone: (206) 621-4109
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101 POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Northgate 10416 5th Avenue N.E. Seattle, WA 98125 HIN: 9FYCFER00 DODAAC: HPH006 Phone: (206) 505-1397
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101 POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Madison 1101 Madison Street, Suite 306 Seattle, WA 98104 HIN: 3J8DP9500 DODAAC: HPH006 Phone: (206) 505-1397
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101 POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Renton 601 S. Carr Road, Suite 100 Renton, WA 98055 HIN: CDKGR9P00 DODAAC: HPH006
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101 POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Totem Lake 12910 Totem Lake Blvd N.E. Kirkland, WA 98034 HIN: 5AC5Q5R00 DODAAC: HPH006

While individual orders may be written at the 5 delivery locations shown above, all orders will be generated via EDI, from a "server" located in Amarillo, TX.

Point of Contact in Amarillo is Ryan Slack, phone (806) 324-5421 Fax 806-324-5429

Email: rslack@maxor.com

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

Brighton, MA – Brighton Marine Health Center Contract # SP0200-05-D-0922 Call #'s - J001 - J899 Manual Call #'s J900 - J999	
Ordering Point	Delivery Point
Brighton Marine Health Center Pharmacy Dept. 77 Waren Street Brighton, MA 02135 DODAAC: HPH007	Same as Ordering Point
<u>Delivery Time</u> 5 Days a Week (Mon-Fri) Between 8:30 AM & 10:00AM	